IPDR6702 RUN DATE:	11/01/2004		TPR:	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGE:	1	-
	,,			HECKWRITE DATE: 11/02/2004				1
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		mano	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
3404901	SMOKY MOUNTAINM	11	7181	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
						<u> </u>		-
		8505	856	CLAIM DENIED DUE TO INSUFFICIE	(8059	8084	25
				NT BUDGET				
		0000	22	FURTHER PROGRATIVA MEGRACIANY				
		8800	22	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
								1
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
						<u> </u>		-
		0	0			0	n	0
					,	†	T T	T i
3404904	WESTERN HIGHLAN	11	146	CLIENT NOT ELIGIBLE ON SERVICE		<u> </u>	ļ	<u> </u>
	DS LME			DATE		 	-	1
						 	 	1
		8599	100	DETAIL NOT COVERED BY COMBINAT	10	297	874	577
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	-			
		8518	14	CLAIM DENIED, SUBMITTED BEYOND				ļ
		0010		FILING TIMELIMIT. MAY AND		 	-	-
				JUNE DOS MUST BE SUBMITTED BY				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
						 	-	-
		0	0		(0	0	0
3404907	RUTHERFORD-POLK	8326	2	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		(2	2	. 0
2404010		0.5	2.42					
3404910	PATHWAYS	21	943	DUPLICATE OF CLAIM-SYSTEM				
						 	-	-
		8599	839	DETAIL NOT COVERED BY COMBINAT	6	2379	13658	11279
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.		 	1	1
		10	212	DIAGNOSIS OR SERVICE INVALID F		 	1	1
				OR CLIENT AGE. VERIFY CID,		1	1	1
				DIAGNOSIS, PROCEDURE CODE FOR				
240400		0000	5.0					
3404912	CATAWBA COUNTYM	8931	52	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		 		<u> </u>
	ENTAL HEALT			NITOLO IN IERO.		+		+
						†	 	
		8932	35	CMTNC INELIGIBLE TO RECEIVE SE	100	170	866	696
				RVICES IN IPRS.				
						_	<u> </u>	<u> </u>
		8599	34	DETAIL NOT COVERED BY COMBINAT		 	 	
				ION OF RECIPIENT, PROVIDER AND		†	 	
				BENEFIT PACKAGE.		†		
3404913	MECKLENBURG COM	11	1444	CLIENT NOT ELIGIBLE ON SERVICE DATE		 		<u> </u>
	ENTAL HEALT					 	<u> </u>	-
						†	 	
		8933	433	ADTNC INELIGIBLE TO RECEIVE SE	701	2740	6183	3443
				RVICES IN IPRS.				
	1	8599	367	DETAIL NOT COVERED BY COMBINAT		 	 	
				NOT COVERED DI COMBINAL	1	1	1	1
				ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	474	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	309	CLAIM DENIED, SUBMITTED BEYOND				
		0310	309	FILING TIMELIMIT. MAY AND	1	968	6052	5084
				JUNE DOS MUST BE SUBMITTED BY				
		8599	109	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917		11	602	CLIENT NOT ELIGIBLE ON SERVICE				
3404317	CENTERPOINT HUM AN SERVICES	11	002	DATE				
	AN SERVICES							
		8599	171	DETAIL NOT COVERED BY COMBINAT	53	1064	4078	3014
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	62	DUPLICATE OF CLAIM-SYSTEM				
	<u> </u>	<u> </u>	<u> </u>					
3404918	ROCKINGHAM CO M	8599	440	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	21	53	DUPLICATE OF CLAIM-SYSTEM			257	00-
		F-			60	620	3554	2934
	1	+						
		8935	44	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404919		8599	392	DETAIL NOT COVERED BY COMBINAT				
2404313	GUILFORD CO MEN	0399	392	ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC			BENEFIT PACKAGE.				
		8517	256	CLAIMS DENIED, SUBMITTED BEYON	114	1057	10293	9236
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0510	150	OLATA DENTED. CUDATEERS DEVONS				
		8518	152	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASWEL	27	20	DIAGNOSIS CODE MISSING OR INVA				
	L AREA MH D			LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		500	20	PROCEDURE IS NOT COVERED FOR T				
		537	20	HIS DATE OF SERVICE	4	66	365	299
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			-	
2404921		21	2260	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	21	2368	DOFLICATE OF CLAIM-SYSTEM				
	HATHAM AREA	+	1					
		<u> </u>						
		5312	1457	PRIOR AUTHORIZED DOLLARS EXCEE	75	5077	11831	6754
				DED				
		<u> </u>						
	-	8599	666	DETAIL NOT COVERED BY COMBINAT				
	-	0093		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	11	60	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
		0	0					
		_	_		0	60	60	0
		1						
3404923	VGFW AREA AUTHO	11	233	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
		8599	117	DETAIL NOT COVERED BY COMBINAT	0	428	3278	2850
		1	-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1						
			1				1	1
		21	43	DUPLICATE OF CLAIM-SYSTEM				
		21	43	DUPLICATE OF CLAIM-SYSTEM				

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLLDER	PROVIDER NAME	1000	Dawring	2000 00122 2 2000	DENIALS	DENIALS	FINALIZED	PAID
								+
3404925	SANDHILLS CENTE	21	1633	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	573	DETAIL NOT COVERED BY COMBINAT	132	2959	6472	3513
				ION OF RECIPIENT, PROVIDER AND	132	2939	0472	3313
				BENEFIT PACKAGE.				
		120	178	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				NO A NEW CLIAIN				+
3404926	SOUTHEASTERN RE	11	326	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		2502	100					
		8599	188	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	202	1104	5028	3924
				BENEFIT PACKAGE.				
								+
		8935	112	ASTNC INELIGIBLE TO RECEIVE SE				†
		<u> </u>		RVICES IN IPRS.	<u> </u>			
2404002		DEDE	1265	CULTU DENTED DUE TO THE				
3404927	CUMBERLAND CO M	8505	1365	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HC			MI DODGEI				+
			<u> </u>					
		8599	207	DETAIL NOT COVERED BY COMBINAT	0	1753	3849	2096
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		11	46	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404929	LEE HARNETT MH/	11	93	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		8952	55	CLAIM DENIED DUE TO AGE RESTRI	0	165	595	430
				CTIONS FOR TARGET POPULATION				
		8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				†
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MNTL HLTHC			RVICES IN IPRS.				
		8935	9	ASTNC INELIGIBLE TO RECEIVE SE	39	45	324	279
				RVICES IN IPRS.	-			
		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
		11	٥	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				M1.1.1.1.1				+
			1					+
3404931	WAKE CO HUM SVC	11	306	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF	<u> </u>		DATE	<u> </u>			
							-	
		0500						<u> </u>
		8599	10	DETAIL NOT COVERED BY COMBINAT	6	329	390	61
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				+
								
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE				t
		<u> </u>		RVICES IN IPRS.	<u> </u>			
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C	1	1	1				
								+
		0	0		0	0	0) (
		+		+				+ -

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404022		7.0	4.5					
3404933	SOUTHEASTERN CT	11	46	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
	+	8931	29	AMTNC INELIGIBLE TO RECEIVE SE	43	143	2787	2644
	+			RVICES IN IPRS.	*	143	2,0,	2011
		191	16	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	+	21	158	DUDITONTE OF CLAIM-CYCTEM				
2404324	ONSLOW COUNTY B	21	130	DUPLICATE OF CLAIM-SYSTEM				
	EHAVIORAL H							
	+							
		8952	71	CLAIM DENIED DUE TO AGE RESTRI	0	481	1570	1089
				CTIONS FOR TARGET POPULATION				
		8599	66	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
3404935	WAYNE CO MEMTAT	0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR							
		0	0		0	0	0	0
							-	
240405		0000	2.0					
3404936	WILSON-GREENE M	8931	31	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT	1	1	RVICES IN IPRS.		1		
	+	21	19	DUPLICATE OF CLAIM-SYSTEM	41	97	1964	1867
					41	97	1904	100/
	+							
		8952	15	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
2404022		8517	105	CTATES DENTED SUBSTITUTED DEVON				
3404937	EDGECOMBE NASH	0317	103	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
	MNTL HLTH C			THROUGH APRIL DOS MUST BE SUBM				
	+			Interest in the past of the pa				
	+	21	24	DUPLICATE OF CLAIM-SYSTEM	2	146	1234	1088
	+				-	140	1134	1000
		5404	7	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404938		24	20	PROCEDURE CORE PROCEDURE WORK				
3404930	VGFW DBA RIVERS	24	20	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE				
	TONE COUNSE			CODE/TYPE OF SERVICE COMBINATI				
	+							
	1	8931	7	AMTNC INELIGIBLE TO RECEIVE SE	17	44	371	327
				RVICES IN IPRS.				
		2025						
	+	8935	0	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1		
	+	-		MYLOGO IN IERO.				-
	+	1						
3404939	NEUSE MENTAL HE	8599	146	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
							-	
		11	100	CLIENT NOT ELIGIBLE ON SERVICE	4	431	1859	1428
				DATE				
	+							
	+	21	57	DUPLICATE OF CLAIM-SYSTEM				
		1						
								l
3404941	PITT CO MH/DD/S	8599	642	DETAIL NOT COVERED BY COMBINAT				
3404941	PITT CO MH/DD/S AS CENTER	8599	642	ION OF RECIPIENT, PROVIDER AND				
3404941		8599	642					
3404941				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941		8599	642 308	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN	117	1376	4192	2816
3404941				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	117	1376	4192	2816
3404941				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN	117	1376	4192	2816
3404941				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	117	1376	4192	2816
3404941		120	308	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	117	1376	4192	2816
3404941		120	308	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM PROCEDURE IS NOT COVERED FOR T	117	1376	4192	2816

DROHTER		HTOH DENTS:	WHADED OF				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	DOTATORE GIGOTO	8599	122	DETAIL NOT COVERED BY COMBINAT		 		
3404342	ROANOKE CHOWANH UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND		 		
	OPEN SERVIC		 	BENEFIT PACKAGE.		 		
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE	2.4	173	1896	1723
				RVICES IN IPRS.				
		8935	10	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	11	175	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		21	116	DUPLICATE OF CLAIM-SYSTEM	7.0	211	2520	2022
				DOLLIGHT OF CHILD DIVING	74	711	3538	2827
		8599	101	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	11	61	CLIENT NOT ELIGIBLE ON SERVICE				
	N SERVICES			DATE		L		
			1					
		8931	40	AMTNC INELIGIBLE TO RECEIVE SE	66	183	2086	1903
		1	ļ	RVICES IN IPRS.		ļ		
		-	I					
		8621	2.4	60 RESIDENTIAL LEVEL III TREAT		-		
		0021	24					-
		1	 	MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.		 		
	1	1	 			 		
3404946	FOOTHILLS ADEAM	8599	610	DETAIL NOT COVERED BY COMBINAT		 		
•	FOOTHILLS AREAM ENTAL HEALT	1		ION OF RECIPIENT, PROVIDER AND		 		
		 	1	BENEFIT PACKAGE.		 		
	1		1					
		11	575	CLIENT NOT ELIGIBLE ON SERVICE	61	1785	8127	6342
				DATE				
		143	321	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404957	TIDELAND MENTAL	537	115	PROCEDURE IS NOT COVERED FOR T		ļ		
	HEALTH CTR	1	1	HIS DATE OF SERVICE		-		
	1	1	1			-		
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE				
		0,001	**	RVICES IN IPRS.	88	257	957	700
	1	+	1		1			-
		8935	31	ASTNC INELIGIBLE TO RECEIVE SE				
		8935	31	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8935	31					
		8935	31					
3404959	DAVIDSON CO MEN	8935	31					
3404959	DAVIDSON CO MEN TAL HITH CT	3935	31	RVICES IN IPRS.				
3404959		8935	31	RVICES IN IPRS.				
3404959		8935	31	RVICES IN IPRS.				
3404959		8935	0	RVICES IN IPRS.	0	0	0	0
3404959		0935	0	RVICES IN IPRS.	0	0	0	0
	TAL HITH CT	0	0	RVICES IN IPRS. *** NO DATA TO REPORT ***	0	0	0	0
3404959	TAL HLTH CT	8935 0 0	0 0 114	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	TAL HITH CT	0	0	RVICES IN IPRS. *** NO DATA TO REPORT ***	0	0	0	0
	TAL HLTH CT	0	0	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE	C	0	0	0
	TAL HLTH CT	0	0	RVICES IN IFRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE				
	TAL HLTH CT	0	0	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	TAL HLTH CT	0	0	RVICES IN IFRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE				
	TAL HLTH CT	0	0	RVICES IN IFRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE				
	TAL HLTH CT	0	0	RVICES IN IFRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE				